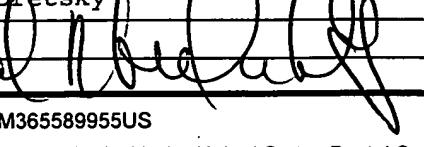
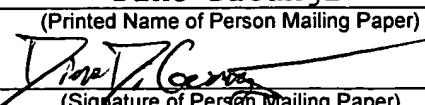
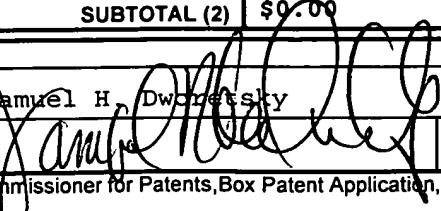
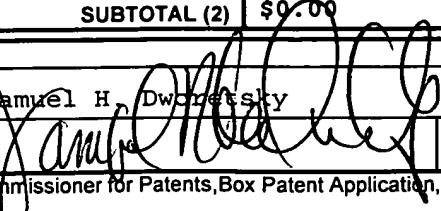
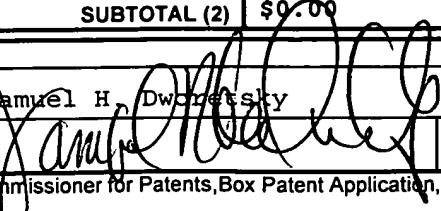


UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 113306	113306	Total Pages 21
First Named Inventor or Application Identifier <i>A</i>				
new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No. EM365589955US		
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 11] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> - Descriptive title of invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings(if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 3]</p> <p>4. Oath or Declaration [Total Pages 2]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application(37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) <i>[Note Box 5 below]</i></p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 163(d)(2) and 1.33(b)</p> <p>5. <input type="checkbox"/> Incorporation by reference(useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference herein.</p>		<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy(identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies </p>		05/19/99 JC625 S.P.T. 09/20/99
ACCOMPANYING APPLICATION PARTS				
<p>8. <input checked="" type="checkbox"/> Assignment Papers(cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b)Statement <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement(IDS)/PTO-1449 Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Other :</p>				
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior Application No:				
18. CORRESPONDENCE ADDRESS				
<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below
NAME	Samuel H. Dworetzky			
ADDRESS	AT&T CORP. P.O. Box 4110			
CITY	Middletown	STATE	New Jersey	ZIP CODE 07748-4801
COUNTRY	United States of America FAX 732-957-5505			
19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Samuel H. Dworetzky			Reg. # 27873
TELEPHONE	973-360-8120			
SIGNATURE				DATE May 19, 1999
"Express Mail" Mailing Label Number EM365589955US			Date of Deposit 5/19/99	
I hereby certify that this application is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington D.C. , 20231				
Dino DiGangi (Printed Name of Person Mailing Paper)				
 (Signature of Person Mailing Paper)				

FEET TRANSMITTAL		<i>Complete if Known</i>																																																																																																																																																																																																																																																												
<small>Patent Fees are subject to annual revision on October 1. These are the fees effective October 1, 1997 Small Entity payments must be supported by a small entity Statement, otherwise, large entity fees must be paid. See Forms PTO/SB-09-12.</small>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Application Number</td> <td colspan="3" style="background-color: #e0e0e0;"></td> </tr> <tr> <td>Filing Date</td> <td colspan="3" style="background-color: #e0e0e0;"></td> </tr> <tr> <td>First Named Inventor</td> <td colspan="3">Arturo Maria</td> </tr> <tr> <td>Examiner Name</td> <td colspan="3" style="background-color: #e0e0e0;"></td> </tr> <tr> <td>TOTAL AMOUNT OF PAYMENT</td> <td>\$760.00</td> <td>Group/Art Unit</td> <td colspan="2" style="background-color: #e0e0e0;">113306</td> </tr> </table>			Application Number				Filing Date				First Named Inventor	Arturo Maria			Examiner Name				TOTAL AMOUNT OF PAYMENT	\$760.00	Group/Art Unit	113306																																																																																																																																																																																																																																						
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SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231